



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

DOCKET NO: H-1	BOARD MEETING: May 10, 2011	PROJECT NO: 10-078	PROJECT COST: Original: \$0
FACILITY NAME: Oak Forest Hospital		CITY: Oak Forest	
TYPE OF PROJECT: Non-substantive			HSA: VII

EXECUTIVE SUMMARY

PROJECT DESCRIPTION:

- Cook County Health and Hospital System (“the applicant”) is requesting to discontinue Oak Forest Hospital. There is no cost to the project.

WHY THE PROJECT IS BEFORE THE STATE BOARD:

- This project is before the State Board because the project proposes a discontinuation of a health care facility as defined by the Act (20 ILCS 3960).

PURPOSE OF THE PROJECT:

- The purpose of the project is to discontinue the remaining services at Oak Forest Hospital. These services include a 137 bed medical surgical service, an 8 bed intensive care service, a 58 bed rehabilitation service, and a 10 bed long term care service. In addition the hospital also operates a stand-by emergency department that will be discontinued.

REASON FOR THE PROJECT:

- According to Cook County Health and Hospital System this project is being submitted because Oak Forest Hospital is no longer economically viable.

BACKGROUND/COMPLIANCE ISSUES:

- **This project received an Intent to Deny at the March 21, 2011 State Board Meeting.** The State Board has conducted two public hearings (**January 20, 2011 and April 18, 2011**) regarding this project and has received numerous letters of support and opposition regarding the closure of Oak Forest Hospital. Both public hearing transcripts and all support and opposition letters have been provided to the State Board Members for review.

CONCLUSIONS:

- The proposed closure will increase the number of Intensive Care and Long Term Care Beds needed in the planning area.
- While the hospitals in the planning area have stated they will accommodate the inpatient workload of Oak Forest Hospital, there has been no indication by hospitals in the planning

area assuming the outpatient workload of Oak Forest Hospital. Concerns still remain of a “capacity crunch” in this planning area upon the closure of Oak Forest Hospital.

- While the County has provided a 5 year strategic plan for Oak Forest Hospital, and has stated that an Immediate Care Facility will replace the emergency department effective June 1, 2011 and outpatient specialty services will be provided on the campus, funding is only assured for the first year, FY 2011.
- Information and data to document the need to discontinue facility has been provided by the County. However, the proposed discontinuation will increase the number of ICU and long term care beds in the planning areas and it is also unclear how the residents of the planning area will have access to care should the Regional Outpatient Center not be funded by the County. Given the large number of safety net patients Oak Forest Hospital provides service for; it does appear that the proposed discontinuation will have an adverse impact on the access to care in the service area.
- **The State Agency finding remains unchanged from the Original State Agency report.**



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STATE AGENCY REPORT
Oak Forest Hospital
PROJECT #10-078

Applicants	Cook County Health and Hospitals System
Facility Name	Oak Forest Hospital
Location	Oak Forest
Application Received	November 23, 2010
Application Deemed Complete	November 23, 2010
Review Period Ended	January 22, 2011
Review Period Extended by the State Agency	No
Public Hearing Requested	No
Applicants' Deferred Project	No
Applicant Received ITD?	Yes
Can Applicants Request Another Deferral?	Yes
Applicants' Modified the Project	No

I. The Proposed Project

The applicant proposes to discontinue Oak Forest Hospital a 213 bed acute care hospital. The categories of service to be discontinued are medical surgical (137 beds), intensive care (8 beds), comprehensive physical rehabilitation (58 beds), and long-term care (10 beds). In addition emergency and surgical services are also to be discontinued. There is no cost associated with this project.

II. Summary of Findings

- A. The State Agency finds the proposed project does not appear to be in conformance with the provisions of Part 1110.**
- B. The provisions of Part 1120 are not applicable.**

III. General Information

The applicant is Cook County Health and Hospitals System. The System owns three acute care hospitals; Stroger Hospital, Provident Hospital, and Oak Forest Hospital. Oak Forest Hospital is located at 15900 S. Cicero, Oak Forest, Illinois in the HSA 7 hospital service area, the A-04 hospital planning area and the 7-E long term care planning area in Cook County. The operating entity licensee is Cook County Health and Hospitals System. The owner of the site is Cook County.

There are ten additional hospitals in the A-04 planning area. These hospitals are Advocate Christ Medical Center (Oak Lawn), Advocate South Suburban Hospital (Hazel Crest), Ingalls Memorial Hospital (Harvey), LaGrange Memorial Hospital (LaGrange), Little Company of Mary Hospital (Evergreen Park), Palos Community Hospital (Palos Heights), RML Health Providers, LP (Hinsdale), Metro South Medical Center (Blue Island), and St James Hospital & Health Center, (Olympia Fields), St. James Hospital & Health Center (Chicago Heights).

Table One below details the facilities within the A-04 planning area, the distance and travel time from Oak Forest Hospital and the number of beds and their 2009 utilization as of December 31, 2009 for the categories of service being discontinued by Oak Forest Hospital.

Facilities	City	Adjusted	Distance	Beds	Occ.	Beds	Occ.	Beds	Occ.	Beds	Occ.
				M/S		ICU		Rehabilitation		Long Term Care	
Oak Forest Hospital	Oak Forest	0	0	137	29.6%	8	60.9%	58	21.2%	10	50.1%
Advocate South Suburban Hospital	Hazel Crest	9.2	4.64	207	55.8%	20	74.0%	0	0.0%	41	0
Ingalls Memorial Hospital	Harvey	9.2	4.41	355	44.7%	26	65.0%	53	65.0%	0	0
St. James Hospital & Health Center	Olympia Fields	11.5	6.6	139	74.7%	25	65.9%	0	0.0%	0	0
MetroSouth Medical Center	Blue Island	13.8	6.65	319	31.0%	28	86.5%	0	0.0%	0	0
Palos Community Hospital	Palos Heights	17.25	8.35	306	65.9%	36	43.0%	0	0.0%	0	0
Advocate Christ Medical Center	Oak Lawn	21	8.54	378	88.1%	103	89.5%	37	89.6%	0	0
St. James Hospital & Health Center	Chicago Heights	21.85	10.92	230	50.9%	20	60.6%	30	56.6%	0	0
Little Co. of Mary Hospital & Health Ctr.	Evergreen Park	25.3	12.41	208	68.0%	29	72.9%	0	0.0%	0	0
Adventist LaGrange Memorial Hospital	Lagrange	34.5	17.34	165	48.4%	27	94.6%	0	0.0%	0	0

- Time and Distance determined by MapQuest and adjusted per 77 IAC 1100.510 (d)
- Occupancy percentages taken from 2009 Hospital Questionnaires
- RML Health Providers, LP in Hinsdale is a long term care acute care hospital and is not included .in this table because the facility does not provide acute care services.

The March 2011 Update to the Inventory of Hospital and Long Term Care Services shows a computed excess of 503 medical surgical pediatric beds, an excess of 36 obstetric beds, an excess of 77 rehabilitation beds, and a need for 21 intensive care beds and 273 long term care beds in the A-04 hospital planning area and 7-E long

term care planning area.

The project is non-substantive and subject to Part 1110 review. Project obligation will occur at time of permit issuance (per 77 IAC 1130.140 and 1130.720(b)). The anticipated project completion date is March 22, 2011.

Table Two outlines the average length of stay ("ALOS"), average daily census ("ADC") and utilization for the applicants' facility. Table Three outlines the number of patients by payor source and Table Four outlines the amount of revenue by payor source. This information is furnished by the applicants in response to the 2009 Illinois Department of Public Health's ("IDPH") Annual Hospital Questionnaire.

TABLE TWO Oak Forest Hospital								
Service	Authorized Beds*	Admissions	Patient Days	ALOS	ADC	Occupancy	Occ Target	Met Occ.
Med/Surg	137	2,408	13,493	5.60	37.0	26.98%	85%	No
ICU	8	20	1,606	80.30	4.4	55.00%	60%	No
Rehabilitation	58	320	4,776	14.93	13.1	22.56%	75%	No
Long Term Care	10	0	1,825	0.00	5.0	50.00%	85%	No
TOTALS	213	2,748	21,700					

Information provided by the applicants for FY 2011

TABLE THREE Oak Forest Hospital- Number of Patients by Payor Source						
Payment Source	Inpatient		Outpatient		Total	
	Number of Patients	Percentage	Number of Patients	Percentage	Number of Patients	Percentage
Medicare	256	9.18%	11,346	11.80%	11,602	11.72%
Medicaid	598	21.45%	12,823	13.33%	13,421	13.56%
Other Public	0	0.00%	-	0.00%	0	0.00%
Private Insurance	58	2.08%	2,652	2.76%	2,710	2.74%
Private Pay	1,112	39.89%	12,891	13.40%	14,003	14.15%
Charity Care Expense	764	27.40%	56,471	58.71%	57,235	57.83%
Totals	2,788	100.00%	96,183	100.00%	98,971	100.00%

Source: IDPH 2009 Annual Hospital Questionnaire.

TABLE FOUR Oak Forest Hospital - Amount of Revenue by Payor Source						
Payment Source	Inpatient		Outpatient		Total	
	Revenue	Percentage	Revenue	Percentage	Revenue	Percentage
Medicare	\$2,530,711	2.93%	\$1,910,932	19.02%	\$4,441,643	4.61%
Medicaid	\$83,611,186	96.80%	\$7,465,523	74.31%	\$91,076,709	94.46%
Other Public	\$0	0.00%	\$0	0.00%	\$0	0.00%
Other Insurance	\$158,373	0.18%	\$453,104	4.51%	\$611,477	0.63%
Private Pay	\$75,678	0.09%	\$216,515	2.16%	\$292,193	0.30%
Total	\$86,375,948	100.00%	\$10,046,074	100.00%	\$96,422,022	100.00%
Charity Care Expense ⁽²⁾	\$7,960,885	9.22%	\$16,864,018	167.87%	\$24,824,903	25.75%

1. Information taken from 2009 IDPH Hospital Questionnaire
 2. Charity Care Expense total shown as a percentage of Total Net Revenue

Support and Opposition Comments

A public hearing was held **January 20, 2011** in Oak Forest, Illinois. 64 individuals were in attendance. Approximately 40 individuals testified in opposition, 1 individual provided support testimony and 23 individuals were in attendance but provided no testimony. A second public hearing was held **April 18, 2011** 74 individuals were in attendance, 21 individuals registered in support of the project and 19 individuals registered in opposition to the project.

At the January 20, 2011 hearing the applicant spoke in support of the project by stating “that Cook County Health and Hospitals System is the largest provider of uncompensated care in the State of Illinois. We provide over half a billion dollars in uncompensated care. Essentially what our plans call for is to shift our under-utilized in-patient health care resources currently at Oak Forest and expand outpatient health care services at a regional outpatient center that will increase accessibility, expand our outpatient services, and redirect Oak Forest to be a major regional outpatient center with primary care, specialty care, and urgent care. We believe this is a plan to expand health care services for our patients. We believe this is the best use of resources that we have to move from an expensive, very low volume, in-patient hospital, to create and expand a major regional center on the Oak Forest campus.”

The Service Employees International Local 73 (SEIU) stated they had serious concerns about the proposed discontinuation of Oak Forest Hospital. Specifically SEIU stated the proposed discontinuation lacks widespread support from the surrounding

hospitals. The surrounding hospitals expressed concerns about the heavy uncompensated care loads, patient capacity crunch, and frequent by-pass. Those opposed stated there is currently a severe patient care capacity crunch on Chicago's Southside and we can anticipate reductions in uncompensated care on Chicago's Southside as a result of the discontinuation. There are also serious concerns about the nature and timing of Oak Forest's transition from a hospital to a Regional Outpatient Center. These doubts surrounding Oak Forest Hospital's transition are reinforced by the application's proposal to discontinue Oak Forest Hospital by June 1, 2011 while promising to develop the Regional Outpatient Care Center over a longer period. Another individual testified that the closing of Oak Forest Hospital would leave a tear in the safety net that would weaken the whole system of care for the poor people on Chicago's far south side and the greater Southland community endangering the viability of the remaining providers that are expected to care for Oak Forest Hospital patients.

At the April 18, 2011 State Board Meeting those in support urged the State Board to allow for the discontinuation of Oak Forest Hospital and the establishment of a Regional Outpatient Center because they believe it is the best use of scarce health care resources. Those in opposition stated even without State Board approval the County is proceeding to close the inpatient services. The Hospital is not admitting new patients, employees have received lay-off notices and administrative offices are being packed up.

IV. The Proposed Project - Details

The applicants propose to discontinue a 213 bed acute care facility in Oak Forest, Illinois. As part of the discontinuation all categories of services (medical surgical, intensive care, rehabilitation services, and long term care) will be discontinued at the facility as well as emergency and surgical services. There is no cost associated with this project.

A Safety Net Impact Statement was provided as required by the applicants. See Table Five below.

TABLE FIVE Oak Forest Hospital Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2009	2008	2007
Inpatient	764	446	277
Outpatient	56,471	38,662	22,461

TABLE FIVE Oak Forest Hospital Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	2009	2008	2007
Total	57,235	39,108	22,738
Charity (cost in dollars)			
Inpatient	\$7,960,885	\$4,857,858	\$1,610,983
Outpatient	\$16,864,018	\$11,983,323	\$1,755,761
Total	\$24,824,903	\$16,841,181	\$3,366,744
MEDICAID			
Medicaid (# of patients)	2009	2008	2007
Inpatient	598	1,620	1,984
Outpatient	12,823	12,851	12,857
Total	13,421	14,471	14,841
Medicaid (revenue)			
Inpatient	\$83,611,186	\$40,232,627	\$61,113,982
Outpatient	\$7,465,523	\$5,659,989	\$8,101,678
Total	\$91,076,709	\$45,892,616	\$69,215,660

V. Review Criterion 1110.130 - Discontinuation

The criterion states:

- “a) The applicants must provide the following:
- 1) the reasons for the discontinuation;
 - 2) the anticipated or actual date of discontinuation or the date the last person was or will be discharged or treated, as applicable;
 - 3) the availability of other services or facilities in the planning area that are available and willing to assume the applicants’ workload without conditions, limitations, or discrimination;
 - 4) a closure plan indicating the process used to provide alternative services or facilities for the patients prior to or upon discontinuation; and
 - 5) the anticipated use of the physical plant and equipment after discontinuation has occurred and the anticipated date of such use.”
- b) Each application for discontinuation will be analyzed to determine:

1. The applicant shall document that the discontinuation is justified by providing data that verifies that one or more of the following factors (and other factors, as applicable) exist with respect to each service being discontinued:

- 1) Insufficient volume or demand for the service;**
- 2) Lack of sufficient staff to adequately provide the service;**
- 3) The facility or the service is not economically feasible, and continuation impairs the facility's financial viability;**
- 4) The facility or the service is not in compliance with licensing or certification standards.**

The applicant states the decision to discontinue Oak Forest Hospital was made after a lengthy strategic planning process by Cook County Health and Hospitals System that took approximately 15 months. Input on this strategic plan was provided by patients, providers, elected officials, community groups and leaders, and clinical staff through 14 public meetings and many individual meetings with different stakeholders. The strategic plan was approved by the Cook County Health and Hospitals System and Cook County Board of Commissioners. Recommendations from that planning process were as follows

- Financial resources available to the system will remain flat;
- Resource allocation with the system had been over-weighted to inpatient care rather than ambulatory care;
- Oak Forest Hospital with a daily census of 50-60 is uneconomical to operate;
- Federal health reform will expand ambulatory care;
- Access to ambulatory care on the south side of Chicago is insufficient;
- Cook County Health and Hospitals System as the region's largest safety net provider has a responsibility to seek the highest return in healthcare services with the limited its resources.

The applicant received an Intent to Deny at the March 21, 2011 State Board Meeting. Cook County Health and Hospital System submitted additional information in response to the Intent to Deny. Cook County provided information that expanded on the strategic plan originally provided to the State Board. Cook County outlined the timeframe of when inpatient services would

be discontinued at Oak Forest Hospital (June 1, 2011) and the existing outpatient services that will be provided at the Regional Outpatient Center.

- Cardiology
- Endocrinology
- Gastroenterology
- General Surgery
- Nephrology
- Neurology
- Optometry
- Orthopedics
- Podiatry
- Psychiatry
- Rehab Medicine
- Primary Care

Three new services will be added, Infectious Disease, Pain Management in June 2011 and Urology later in FY 2011. As of June 1, 2011 the Stand-By emergency department will be transitioned to an Immediate Care Facility. In FY 2012 Cook County intends to convert the current imaging system to a digital facility and a complete renovation of the "E" Building. Further enhancement to the Regional Outpatient Center will occur in FY 2013 - FY 2015. According to the County the Regional Outpatient Center budget has been approved and includes funding for 296 positions (at a cost of approximately \$19 million) and over \$19 million in other operating expenses. This is a decrease from the \$91 million spent at Oak Forest in FY 2010. Capital improvements of \$3 million and \$2.2 in equipment are waiting approval by the County Board.

In CY 2010 Oak Forest Hospital had approximately 52,000 outpatient visits and approximately 33,000 ED visits. Approximately 85,000 outpatients were self pay or charity care patients in FY 2010. The applicant is projecting in FY 2011 that the 33,000 ED visits will be seen by the immediate care facility and the 53,000 outpatient visits will be seen at the outpatient specialty clinics. An additional 2,500 outpatients will be seen at the three new services being established in 2011.

Based upon the information from the strategic planning process, input from the community, and the low census at Oak Forest Hospital the applicant determined that it is no longer economically viable to operate Oak Forest Hospital as an acute care inpatient hospital.

2. The applicant shall document that the discontinuation of each service

or of the entire facility will not have an adverse impact upon access to care for residents of the facility's market area. The applicant shall provide copies of impact statements received from other resources or health care facilities located within 45 minutes travel time that indicate the extent to which the applicant's workload will be absorbed without conditions, limitations or discrimination. Factors that indicate an adverse impact upon access to service for the population of the facility's market area include, but are not limited to, the following:

- 1) The service will no longer exist within 45 minutes travel time of the applicant facility;
- 2) Discontinuation of the service will result in creating or increasing a shortage of beds or services, as calculated in the Inventory of Health Care Facilities, which is described in 77 Ill. Adm. Code 1100.70 and found on HFPB's website;
- 3) Facilities or a shortage of other categories of service as determined by the provisions of 77 Ill. Adm. Code 1100 or other Sections of this Part.

HFPB NOTE: The facility's market area, for purposes of this Section, is 45 minutes travel time. The applicant must document that a written request for an impact statement was received by all existing or approved health care facilities (that provide the same services as those proposed for discontinuation) located within 45 minutes travel time of the applicant facility. The request for an impact statement must be received by the facilities at least 30 days prior to submission of the application for permit. The applicant's request for an impact statement must include at least the following: the anticipated date of discontinuation of the service; the total number of patients that have received care or the number of treatments that have been provided (as applicable) for the latest 24 month period; whether the facility being contacted has or will have available capacity to accommodate a portion or all of the applicant's experienced caseload; and whether any restrictions or limitations preclude providing service to residents of the applicant's market area. The request shall allow 15 days after receipt for a written response from the contacted facility. Failure by an existing or approved facility to respond to the applicant's request for an impact statement within the prescribed 15-day response period shall constitute a non-rebuttable assumption that the discontinuation will not have an adverse impact for that facility.

There are existing services within 45 minutes of the applicant's facility. The

March 2011 Update to the Inventory of Hospital and Long Term Care Services shows a computed excess of 503 medical surgical pediatric beds, an excess of 36 obstetric beds, an excess of 77 rehabilitation beds, and a need for 21 intensive care beds and 273 long term care beds in the A-04 and 7-E planning areas. The proposed closure of Oak Forest Hospital will result in an excess of 366 medical surgical pediatric beds, an excess of 19 rehabilitation beds, and a need for 29 intensive care beds and 319 long term care beds.

TABLE SIX Update to the Inventory of Hospital and Long Term Care Services A-04-7-E						
Category of Service	Existing Beds	Total Beds Needed	Additional Beds Needed	Excess Beds	Proposed Disc.	Excess (Need)
Medical Surgical Pediatric	2,536	2,033	0	503	137	366
Intensive Care	322	343	21	0	8	(29)
Rehabilitation	534	457	0	77	58	19
Long Term Care	8,969	9,242	273	0	10	(284)

The proposed discontinuation will result in an increase in the number of intensive care and long term care beds needed in the planning areas. It appears that the discontinuation will have an adverse impact on access care in the market area.

- “3. That the discontinuation project will not have an adverse affect on the health delivery system by creating demand for services which cannot be met by existing area facilities;”**

The proposed discontinuation will add to the number of ICU beds and Long term care beds needed in the planning areas. The applicant contacted 36 hospitals and 119 long term care facilities asking for the impact the proposed discontinuation would have on the facilities within 45 minutes of Oak Forest Hospital. Impact letters were provided in the application for permit and the responses are summarized below.

Ingalls Memorial Hospital stated they would not oppose the discontinuation of Oak Forest Hospital. In addition Ingalls Memorial Hospital has the ability to assume patients that have traditionally sought services at Oak Forest Hospital without restrictions, conditions, limitations, or discrimination.

Palos Community Hospital stated because of the aging physical plant and the large modernization project ongoing we do not believe we have the capacity to

assume additional volumes at this time.

Jackson Park Hospital stated that they had the capacity to assume the entire patient load of Oak Forest Hospital without restrictions, conditions, limitations, or discrimination.

Silver Cross Hospital stated that they do not expect any adverse impact from the closure of Oak Forest Hospital.

South Shore Hospital stated that they have the capacity to assume 90% of the medical surgical and intensive care volume at Oak Forest Hospital.

Holy Cross Hospital stated that at this time due to our existing inpatient and outpatient demand for service and continuing and large uncompensated care load we are unable to assume any new capacity given the conditions you have imposed on any response.

Advocate Christ Medical Center and Hope Children Hospital stated with regard to providing care to patients of Oak Forest Hospital, Christ and Hope are severely capacity constrained and are unable to assume any of the patient load from Oak Forest Hospital. Our ICU unit is at 95% capacity and our critical patients must often board in the ED department until a bed is available. This capacity crunch forces us to go on bypass often. We are please to hear the Oak Forest emergency department will transition to Immediate Care without disruptions and patients will have access to the facility on evenings and weekends.

Long Term Care Facilities: Nine long term care facilities responded to the request for impact the proposed discontinuation of the long term care unit will have on their facility. All nine facilities stated they could assume the long term care workload should the facility close.

As expressed in the impact letters of concern is the inability of the closest hospitals to assume the workload of Oak Forest Hospital. The proposed discontinuation could place an unnecessary hardship by the limitation of access to needed services in this area. Also of concern is the number of charity care patients being provided care by Oak Forest Hospital that will now have to be accommodated by other facilities in this planning area.

Additional letters of support were received by the State Agency after the Intent to Deny was issued. Support letters were received from Mercy Hospital,

Advocate South Suburban, Advocate Trinity Hospital, Holy Cross Hospital, The University of Chicago Hospitals, Northwestern Memorial Hospital, Sinai Health System, and Metro South Hospital. All of the hospitals urged the closing stating that the movement to a Regional Outpatient Center best utilizes the limited resources of the County.

Additional letters of opposition were also received that urged the State Board not to approve the closure because the proposed County plan does not adequately address the transition of the hospital to a Regional Outpatient Center. The plan does not provide a specific time table nor does it address the commitment of funds beyond the first year. In addition those in opposition argue that while other hospitals in the planning area will assume the inpatient workload; there is no indication that these same hospitals will absorb the outpatient workload of Oak Forest Hospital should the Regional Outpatient Center not materialize.

In summary, the applicants provided information and data to document the need to discontinue facility. However, the proposed discontinuation will increase the number of ICU and long term care beds in the planning areas. It is also unclear how the residents of the planning area will have access to care should the Regional Outpatient Center not materialize. Given the large number of safety net patients Oak Forest Hospital provides care for; it does appear that the proposed discontinuation will have an adverse impact on the access to care in the service area.

THE STATE AGENCY FINDS THE PROPOSED PROJECT DOES NOT APPEAR TO BE IN CONFORMANCE WITH THE DISCONTINUATION REVIEW CRITERION (77 IAC 1110.130).

Ownership, Management and General Information

ADMINISTRATOR NAME: Sylvia Edwards
ADMINSTRATOR PHONE: 708-633-2000
OWNERSHIP: Cook County Municipality
OPERATOR: Cook County Board of Commissioners
MANAGEMENT: County
CERTIFICATION: None
FACILITY DESIGNATION: Rehabilitation Hospital
ADDRESS: 159th & Cicero Avenue

Patients by Race

White 29.3%
 Black 61.7%
 American Indian 0.2%
 Asian 1.9%
 Hawaiian/ Pacific 0.1%
 Unknown: 6.8%

Patients by Ethnicity

Hispanic or Latino: 11.7%
 Not Hispanic or Latino: 88.3%
 Unknown: 0.1%
 IDPH Number: 1743
 HPA A-04
 HSA 7

CITY: Oak Forest

COUNTY: Suburban Cook County

Facility Utilization Data by Category of Service

Clinical Service	Authorized CON Beds 12/31/2009	Peak Beds Setup and Staffed	Peak Census	Admissions	Inpatient Days	Observation Days	Average Length of Stay	Average Daily Census	CON Occupancy 12/31/2009	Staff Bed Occupancy Rate %
Medical/Surgical	137	53	53	2,452	14,535	291	6.0	40.6	29.6	76.6
0-14 Years				0	0					
15-44 Years				827	4,418					
45-64 Years				1,386	7,014					
65-74 Years				164	1,392					
75 Years +				75	1,711					
Pediatric	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Intensive Care	8	8	8	513	1,778	0	3.5	4.9	60.9	60.9
Direct Admission				18	96					
Transfers				495	1,682					
Obstetric/Gynecology	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Maternity				0	0					
Clean Gynecology				0	0					
Neonatal	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Long Term Care	10	6	6	1	1,829	0	#####	5.0	50.1	83.5
Swing Beds				0	0		0.0	0.0		
Acute Mental Illness	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Rehabilitation	58	24	24	317	4,492	0	14.2	12.3	21.2	51.3
Long-Term Acute Care	0	0	0	0	0	0	0.0	0.0	0.0	0.0
Dedicated Observation	0					0				
Facility Utilization	213			2,788	22,634	291	8.2	62.8	29.5	

(Includes ICU Direct Admissions Only)

Inpatients and Outpatients Served by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Charity Care	Totals
	9.2%	21.4%	0.0%	2.1%	39.9%	27.4%	
Inpatients	256	598	0	58	1112	764	2,788
	11.8%	13.3%	0.0%	2.8%	13.4%	58.7%	
Outpatients	11346	12823	0	2652	12891	56471	96,183

Financial Year Reported:

12/1/2008 to 11/30/2009

Inpatient and Outpatient Net Revenue by Payor Source

	Medicare	Medicaid	Other Public	Private Insurance	Private Pay	Totals	Charity Care Expense	Total Charity Care Expense
	2.9%	96.8%	0.0%	0.2%	0.1%	100.0%		24,824,903
Inpatient Revenue (\$)	2,530,711	83,611,186	0	158,373	75,678	86,375,948	7,960,885	Totals: Charity Care as % of Net Revenue
	19.0%	74.3%	0.0%	4.5%	2.2%	100.0%		
Outpatient Revenue (\$)	1,910,932	7,465,523	0	453,104	216,515	10,046,074	16,864,018	25.7%

Birthing Data

Number of Total Births: 0
 Number of Live Births: 0
 Birthing Rooms: 0
 Labor Rooms: 0
 Delivery Rooms: 0
 Labor-Delivery-Recovery Rooms: 0
 Labor-Delivery-Recovery-Postpartum Rooms: 0
 C-Section Rooms: 0
 CSections Performed: 0

Newborn Nursery Utilization

Level 1 Patient Days: 0
 Level 2 Patient Days: 0
 Level 2+ Patient Days: 0
 Total Nursery Patientdays: 0
Laboratory Studies
 Inpatient Studies: 55,624
 Outpatient Studies: 100,964
 Studies Performed Under Contract: 3,568

Organ Transplantation

Kidney: 0
 Heart: 0
 Lung: 0
 Heart/Lung: 0
 Pancreas: 0
 Liver: 0
 Total: 0

* Note: According to Board action on 4/22/09, Board reduced 890 beds (LTC=884, Rehab=6) overall voluntarily. New CON count for the facility is 213 beds

10-078 Oak Forest Hospital - Oak Forest

